

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
9/509,302
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		3				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		2				
14	1					
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TOTAL IND.	3					
TOTAL DEP.	16					
TOTAL CLAIMS	19					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						